STATE OF MARYLAND—CERTIFICAT OCCUPA 1. PLACE OF DEAT Jo Length of residence in city or tow. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Davs If LESS than 1 dev.____hrs. or min. 8. Trade, profession, or particular ON kind of work done, as SPINNER, Jo RESERVED SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which should OCCUPA work wes done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at 11. Totat time (years) this occupation (month and) spent in this occupation. 12. BIRTHPLACE (city or town) terms, ATHER See plain 14. BIRTHPLACE (city or town) L (State or country) efully MOTHER 15. MAIDEN NAME in 16. BIRTHPLACE (city or town) DEATH (State or country) 17. tNFDRMANT plnous very OF (Address) CAUSE mation LION 19. UNDERTAKER (Address) 20. FILED Registrar.

Registration Dist. No. 2 (If death occurred in a hospital or institution, give its NAME instead of street and number) Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. That I attended deceased from to have occurred on the date The PRINCIPAL CAUSE OF DEATH and retated causes of Importence Date of onset What test confirmed diagnosis? 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury..... Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, Manner of injury Nature of injury. related to occupation of deceased? If so, specify more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

· Specific	Example I	D	Example II	
The principal eause of of importance were as f	death and related asset, ollows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	I week ago
Chronic interstitial nephrit	is .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	J. St.	July 5, 1927	Paritonitis	3 days ago
Other contributory caus	es of importance:		Other contributory causes of importance:	- 34
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER ST	ATEMENTS	BY	PHYSICIAN
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Y. PHYSICIANS should state Exact statement of OCCUPA-ORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. I UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TON is very important. See instructions on back of certificate. N. B.—WRITE PLANLY, W.

MARGIN RESERVED FOR BINDING

V. S. No. 1

County all County	Registration Dist. No. 290
Village or City Sular	NoSt.,Wa
Length of residence in city or town where death occurred 28 yrs	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased f
AGE Years Months Days If LESS than 1 day,hrs ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	To have occurred on the date stated above, at 10 Pm.
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 2. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or lown) (Slate or country)	Name of operation Date of What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address)	23. If death wes due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
B. BURIAL, CREMATION, OR REMOVAL Place Land Date 12/ 1932	Manner of injury
9. UNDERTAKER CAUSE A SECULIAR (ADDRESS) FASION AND	24. Wes disease or injury in eny way related to occupation of deceased?
0. FILED 6/ 20, 1933 1/5N. Merils	(Signed) July 100 (Address)

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

· Ex	ample I		Example II		
The principal cause of dear of importance were as follo		Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week age	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago	
		لسب			
Other contributory eauses	of importance:		Other contributory eauses of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, W.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County 10/00/C V 100 D 1	Registration Dist. No. 296
Village or City Of May May May A	NO MENCIALLY MOSQUALL St., Ward
the state of the s	death occurred in a hopkal or institution, give in NAME, instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME MISSOMMCINE THEY TO MINI	60
(a) Residence: No. 1 must Mak Md.	St., Ward.
(Ostar Mach (abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH JULE 26 , 193 3 (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
Oh: 190 1012	I tast saw h. W. alive on JUUS, 26, 1933; death is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at.\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
Kind of work done, as SPINNER, School and	The state of the s
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (all to.	
(State or country)	
13. NAME MY. NUMBERCE START TO MILES	
4. BIRTHPLACE (city or town) Dallmore Ma.	Name of operation I Myracide Date of 0/1633
(State or country)	What test confirmed diagnosis? Cleure Wes there an au'opsyl
15. MAIDEN NAME Show Yeleng Keng 15. MAIDEN NAME Show Yeleng Keng Keng Keng Keng Keng Keng Keng K	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Camful Jel	Accident, suicide, or homicide? Dete of injury, 19
∑ (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Of Cherlosine,	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Saston, ma.	
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place Date D Date D, 195	Nature of injury
19, UNDERTAKER James a. Skeuce	24. Was disease or injury in any wey related to occupation of deceased?
(Address)	If so, specify
20. FILED 6 / 9 1953 M. Moising	(Signed) M. D.
Registrar.	(Address) Ossion
If more blanks are needed, address State Registrar.	2411 N. Charles Street. Baltimore. Requesting U. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Every item of infor-PHYSICIANS should state Exact statement CCORD. AGE should be stated EXACTLY. THE UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important. B.—WRITE PLA

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH	104
1. PLACE OF DEATH	(3)	40.
County / albo-	Registration Dist. No. 291	
Village or City St Michael	No. St	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and no sds. How long In U.S. if of foreign birth?	
2. FULL NAME Harriett a blank	1100	»us•
(a) Residence: No. It Michael on	St. Ward.	
rear It michaela god (Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 350	193
5a. If merried, widowed, or divorced Joseph Clark HUSBAND of (or) WIFE of	HEREBY CERTIFY). That I attended d	(Year)
and the water	July 30 ,1933, 10 July 30	19.33
6. DATE OF BIRTH (month, day, end years 779 april 1854	I last saw her elive on seeling 30 1933;	death is said
7. AGE Years Months Days Days If LESS than	to have occurred on the date stated above etm.	
79 1834 April 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,		
S. Hade, profession, or particular to the first state of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s	
work was done, as SILK MILL, SAW MILL, BANK, etc.	my Mights Niseasl	Clu -
10. Date deceased last worked et this occupation (month and between this occupation (month and between this occupation occupation)	Curfle Duration: 1/2 years.	Kura
7.1.0	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		
W 13. NAME CUALLA Browle		
14. BIRTHPLACE (city or town) / albert lo	Name of operation of overall Date of	
(Stete or country)	Name of operation Date of Date of Whet test confirmed diagnosis? Was there an au	1000002 1/h
IS. MAIDEN NAME Dearma Me gram	23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy!
15. MAIDEN NAME Dearma Me guan 16. BIRTHPLACE (city or town) Merchant	Accident, suicide, or homicide? Date of injury	, 19
(State of County)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT TA a ac Broad (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place 10 Place 10 Dete 1014 3 , 193	Nature of injury	1
19. UNDERTAKER . M. Maubau has	24. Was disease or Injury In any way releted to occupation of deceased?	Marin
20. FILED July 3 1933 dolin Huwales	(Signed) thelip 13 how	M. D.
Local Registrar.	(Address) of Buchaela	nd.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Dale of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ogo
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
Moy 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS successified. Exact statement of OCCUPA-ORD. Every item of infor-H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be N. B.-WRITE PLANKY, W

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9200
County A albot	Registration Dist. No. 290
Village or City Castom Mid	No. St., Ware fidealh occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred /yrs,mos	
2. FULL NAME Tobert Savio	La term of the land of the lan
(a) Residence: No. Sast Goldsboro	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White married	(Month) (Oay) (Year)
HUSBAND of Cory WIFE of Clay Wife of Cory WIFE of Clay WIFE of Cory WIFE of Clay WIFE of Cory WI	1 HEREBY CERTIFY. That I attended decreased from 1933, to June 1933; death is sail last saw have alive on Jacobs 10, 1933; death is sail
5. DATE OF BIRTH (month, day, and year) 2/22/32 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at /_/ m.
8.3 3 19 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Oato of one (Arterio Science) 193
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	with hypertension
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SAW MILL, BANK, etc	·
this occupation (month and 1731 spant in this occupation work)	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	(Valvillar war allen 170
	Name of operation Date of Date
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Que Fraupton	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Newson Easter Ind	(Specify city or lown, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Landing Treat Oate 0/12, 1933	Nature of injury
19 UNDERTAKER PALLEY A Specier,	24. Was disease or injury in any way related to occupation of deceased?
(Address Easton Find	If so, specify cy f app.
20. FILEO 6/12 , 1933 77. Al. Merries Registrar.	(Signed) Jellegen D. Salmore M.
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

V. S. No. 1

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Example I	and the second s	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	8. 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PLAINLY, W. A. UNFADING INK-THIS IS A PERMANENT CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.-WRITE PLAINLY,

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06409
1. PLACE OF DEATH	
County Jackst	Registration Dist. No. 290
Village or City Euglin En	death occurred in a horpital matthulion, give if NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	() ()
2. FULL NAME DU MAINTIMA	
(Usual place of abode)	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
6:052	1 last saw h alive on , 19 dath is seld
6. DATE OF BIRTH (month, dey, end year) 6 - 25 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	to heve occurred on the date steted ebove, at 1, 3, m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decessed last worked et this occupation (month end spent in this	
work wes done, as SILK MILL, SAW MILL, BANK, etc	Alllow
10. Oate decessed last worked et this occupation (month end year)	
TALAMA ALLA SALA	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 6 M OU MCU MCO MCO	
13. NAME WIT. HUTTHY DOUG THE	
13. NAME 1/11. TOTAL DOWN MARKET	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Cora Claque	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) QXSQA Md.:	Accident, suicide, or homicide?
Mary Janak	Where did injury occur?
17. INFORMANT 11) III a light of the state o	Specify whether injuly occurred in thousand, in home, or in tope to tende.
18. BURIAL, CREMATION, OR REMOVAL Place 6/25, 19.33	Menner of injury
19, UNDERTAKER & mengency Haspital	24. Was disease or injury in eny way related to occupation of deceesed?
(Address) Easter	tf so, specify
20. FILED 26, 1933 M. A. Meires Registrar.	(Signed) Eccellar M. D.
If more blanks are needed, address State Resistrar	2422 N. Charles Street Relimore Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

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MARGIN

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4	ilde	erm	inst
)	ini	I in plain terms, so that it may be properly classified. Exact statement of OCCUI	tant. See instructions on back of certificate.
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. 2 County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town How long in U. S. if of foreign birth?______mos.____ds. (a) Residence: No. It michaels If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and 11. Total time (years) spent in this 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?. OTHER 15. MAIDEN NAME 23. If death was due to external couses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ 16. BIRTHPLACE (city or town) ž (State or country) Where did Injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

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To be complete, an occupation return must state:

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

That I ettended deceased from

Date of orset

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1. PLACE OF DEAT D00 should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Every How long In U.S. if of foreign birth? vrs. PHYSICIANS Length of residence in city or town where death occurred. statement 2. FULL NAME CORD. (a) Residence No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CTL 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) H certificate. properly If LESS than 7. AGE Months or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.___ may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 1D. Dato deceased last worked at Way 31 11. Total time (years) this occupation (month end that occupation . instructions 12. BIRTIIPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) efully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of Injury...... 16. BIRTHPLACE (city or town) OF DEATH (State or country) Where did Injury occur? ____ (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. should (Addres 18. BURIAL, CRÉMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury MOLL 24. Was disease er injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

BINDING

FOR

MARGIN RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAUVIS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DE		OF MAR		82·a)	
County	alto	~		Registration Dist. No. 291	
Village or City	In	cape	<u>-</u>	No	Wa
Langth of residence in	city or town where	doth occurred		death occurred in a hospital or institution, give its NAME instead of street and numbers.	er)
2. FULL NAME /	1) Min	4117	, she		
(a) Residence: No	· · · · · · · · · · · · · · · · · · · ·		volum	St., Ward.	
(4) 11001001100.110		(Usual place	of abode)	If nonresident give city or town and State	
PERSONAL A		1		MEDICAL CERTIFICATE OF DEATH	
. //	LOR OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) , 193	(Year)
5a. If married, widowed, or of HUSBAND of (or) WIFE of	vollie v	fanes	-	22. I HEREBY CERTIFY, That I allended decoa	sed fi
6. DATE OF BIRTH (month,	day and year) WA	rel. 6 1	873	liast saw have alive on have 1939 dea	ath is s
7. AGE 60 Years	2 Months	Z 7 Days	If LESS than	to have occurred on the date stated above, at	
			l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	te of on
8. Trade, profession, of kind of work do SAWYER, BOOKI	particular ne, as SPINNER,	0/	_/	f f	
SAWYER, BOOKI		0		White hummage my	1=3
SAW MILL, BAN	K, etc	Jann			
O this occupation (worked at May	ZZ 11. Total s	ima (yaars)	eu.	
year)	2116	000	upation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town (State or country).	in) rua	ryano			
II 13. NAME	en Tr	blier			
13. NAME 14. BIRTHPLACE (city o	to (1) 21	arela	ued	Name of oparation Date of	
(State of County)			~A •	What tast confirmed diagnosis? Was there an autops	sy?
15. MAIDEN NAME (allen	us M	Damel	23. If death was due to external causes (VIOLENCE) fill in also the following:	1/7
	,	anyla	ul	Accidant, suicida, or homicide?, Data of Injury,	19
(State or country	01.		,	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT	ouge;	tysh	21118	Specify whather injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, O	REMOVAL	0	and	Manner of Injury	
Place /Laar	rapp	C Date free	eld 1933	Nature of injury	
	. / /			7.	
19. UNDERTAKE Mac	un El	Lun	un San	24. Was disease or injury in any way related to occupation of deceasad? 400	
19. UNDERTAKE Hav	Esa	ton	cun Ha	24. Was disease or injury in any way related to occupation of deceased? 11 so, specify (Signed)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

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Example I		Exan	aple II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of deat of importance were as follow	h and related causes	Date of onset
Arterioselerosis	1915	Attack of epilepsy	ect 0 120	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3/130	3 days ago
Other contributory causes of importance:		Other contributory causes of	f importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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E	xample I	-	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	VIII - R 1022	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURING T	July 5,1927	Peritonitis .	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	HAN	V
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06414
1. PLACE OF DEATH	93-0
County Jackent near	Registration Dist. No. 293
Village or City Condoral	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary H Harris	
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of When Harried And Harris .	1 HEREBY CERTIFY, That I ettended decased from
6 DATE OF RIPTH (month day and year) Amkerown	I last saw herealive on the said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated object 110 m.
about 6 1 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Nonic Myocarditis 10/20/3)
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	/
10. Date deceased last worked at this occupetion (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) Md	Other Contributory Causes of Importance: Chorice Mices of left 1 11/3/32
13. NAME Peter Kenerwood,	full the state of
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Lawle Cameo.	23. If death was due to external causes (VIDLENCE) fill in also tha following:
15. MAIDEN NAME Lavel Carrie . 16. BIRTHPLACE (city or town) . (State or country)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Thus Howis (Address) Euglass and	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Number MGDate me 14, 1933	Nature of injury
19. UNDERTAKER R. B. Kamelingo: (Address) Lucusturo mal.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 6/131, 1933, J. L. Lardner Registrar.	(Signed) factor M.D. (Address) factor M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Daltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ACORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCIIDA. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town and State of the Ward. Langth of the State of the State of the Ward. Langth of the State of the State of the Ward. Langth of residence in city or town and State of the Ward. Langth of the State of the Ward. Langth of the Wa	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Langth of residence in city or town where death occurred. (iii death occurred in a hospital or inautivion, give its NAME interest of street and number?) 2. FULL NAME (a) Residence: No. (b) Ward. (c) Residence: No. (c) Ward. (d) March of foreign birth? (e) Residence: No. (iii) March of foreign birth? (iv) Ward. (iii) March of foreign birth? (iv) March of foreign birth? (iii) March of foreign birth? (iv)	1. PLACE OF DEATH	
(d) residence in city or town where death occurred. 1. Septimental process of the process of th	County Tallot	Registration Dist. No. 290
Langth of residence in city or town where death occurred. (a) Residence: No. (b) Ward. (b) Honnesident give city or town and State PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS (c) RESIDENCE VARIEBED WIDOWED (d) RESIDENCE VARIEBED WIDOWED (d) RESIDENCE VARIEBED WIDOWED (d) RESIDENCE VARIEBED WIDOWED (d) WIFE of (e) DATE OF BIRTH (month, day, end year) (e) DATE OF BIRTH (month, day, end year) (e) DATE OF BIRTH (month, day, end year) (f) Control of Warden Control of Contro	Village or City Cartan - P.D.	
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIGOWED, OR DIVORCED (write the word) OR DIVORCED (write the word) 59. If married, widowed, or divorced (word) wife of (your interest) HUSBAND (Your) 4. COLOR OR RACE S. SINGLE, MARRIED, WIGOWED, OR DIVORCED (write the word) 7. AGE Vest Month Osys If LESS than 1 day, hrs. 1 of. min. 8. Trade, profession, or particular Wind of work done, as SPINNER, SAMPER, BOURKEEPER, u.S. 3. Industry or business in which S. Sindleser,	Langth of residence in city or town where death occurred	ds How long in U.S. if of foreign birth?
59. If married, widowed, or divorced HUSBANO of (or) Wife or) Wife of (or) Wife of (or) Wife or) Wife or (or) Wife or) Wife or) Wife or (or) Wife or) Wife or) Wife or (or) Wife or) Wife or) Wife or) Wife or (or) Wife or) W		
OR DIVORCED (certic the word) Set It married, vildowed, or divorced HUSBANO of Cort Wife of HUSBANO of Wife of Word Advanced on the data stated above, at. 19 10 11 11 11 11 11 11 11 11 11 11 11 11	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Month Oays If LESS than Iday, hrs. Iday, hrs. Name PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SANYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SANWIEL, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SANWIEL, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SANWIEL, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SANWIEL, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SANWIEL, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was thera an autopsy? 23. If death was due to asternal causes (VIOLENCE) fill in also the following: Accidant, sulcide, or homicide? Date of injury. 19. Where did injury occurra in INOUSTRY, in HOME, or la PUBLIC PLACE. Manner of Injury Neture of injury in any way ralated to occupation of deceased?	or Divorced (write the word)	Jule 1 1933
T. AGE Years Month Oays If LESS than 1 day. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset were as follows: P. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which was done, as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which was done as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which was done as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which was done as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which was done as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business in which was done as SILK MILL, SAWYER, BOOKKEPER, etc. J. Industry or business of importance. Manage of peration. Manage of peration. Deta of. What test confirmed diagnosis? Was thera an autopsy? J. Industry occurry Specify whethar Injury occurry J. Information on the data stated above, at	5e. If married, wildowed, or divorced HUSBANO of (or) WIFE of	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata decased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Steta or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURTAL CREMATION, OR REMOVAL Place Oate Oate Oate 19. Was disease or Injury in any way ralated to occupation of deceased? 24. Was disease or Injury in any way ralated to occupation of deceased?	7. AGE Years Months Oays If LESS than 1 day, hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
(Steta or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNOERTAKER 19. UNOERTAKER 19. UNOERTAKER 10. Nama of operation What test confirmed diagnosis? Was thera an autopsy? 22. If death was due to axternat causes (VIOLENCE) fill in also tha following: Accidant, sulcide, or homicide? Date of injury Neture did injury occur? (Specify city or town, county and State) Specify whethar Injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury 19. UNOERTAKER 24. Was disease or Injury in any way ralated to occupation of deceased?	SAMYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata decaased last worked at this occupation (month and spent in this	Still bow (information midnife. Johnson)
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNOERTAKER Was there an autopsy? 23. If death was due to axternat causes (VIOLENCE) fill in also tha following: Accidant, sulcide, or homicide? Date of injury (Specify city or town, country and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neture of injury 24. Was disease or Injury in any way ralated to occupation of deceased?	(Steta or country)	
Where did injury occur? (Specify city or town, county and State) Specify whethar Injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 18. BURIAL CREMATION, OR REMOVAL Place	(State of country)	Nama of operation Deta of What test confirmed diagnosis? Was thera an autopsy?
18. BURIAL CREMATION, OR REMOVAL Place a state R. Se Oate 6 6 9 19 38 Neture of injury 19. UNDERTAKER Received Services 24. Was disease or Injury in any way ralated to occupation of deceased?	17. INFORMANTO May a. Dalisau	Accidant, sulcide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)
15, UNDERTANCE	18. BURIAL CREMATION, OR REMOVAL	
7 4 2		
20. FILEO 6 2	Registrar.	(Addrass) Salaton Declared 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

į.	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
8 1/0	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

N. B.—WRITE

mation S

CAUSE

TION is

19. UNDERTAKER

BINDING

FOR

RESERVED

MARGIN

Registrar.

If so, specify (Signed)

(Address) _

24. Was disease or injury in any way related to occupation of deceased?

Strength of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various insuit own. Make some entry in this section for every person aged 10 years or over. If the deceased have seen the occupation prior to retirement. Children not gainfully employed may be return to thome. For a woman whose only occupation was that of home housework, write housewife in answ. And own home in answer to Question 9. For a person engaged in domestic service for wages, who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. tod out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- 10 B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
78/			

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ACORD. Every item of infor-Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WEST UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(48)
County Jalost	Registration Dist. No. 290
Village or City Zaslow, Ind.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Manage of a Florence of	Tleams
(a) Residence: No. 519 & Guldstons	St., Ward.
(Usual place of abode)	If nonresident give city er town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Some of Notteams	10-18- ,1932,10 6-23-,19 33
6. DATE OF BIRTH (month, day, and year) 12/4/16	I last saw h_ey_ elive on 6 - 2 3 - ,19 3 3; death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, etm.
56 6 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular lind of work done as SPINNER	Carinoma of cervit
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	with metastasis to
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	bladder & bowel 1930
10 Date deceased last worked et 11. Total time (years)	
o this occupation (month and year) spent in this occupation	Other Coutributory Causes of importance:
12, BIRTHPLACE (city or town)	Other Coutributory Causes of Importance.
(State or country) Maryland	
13. NAME Edward Of Mealthows	
13. NAME CHARACTER (13. NAME CHARACTER) 14. BIRTHPLACE (city or town)	Name of operation Brokey of cerral Date of 8-14.3.
(State of country)	What test confirmed diegnosis? Stofes of cerry Wes there an au'opsy No
15. MAIDEN NAME Olivia Kitteledge 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Sund) Tollrand	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Laston Had Date 6 26 ,1933	Manner or injury
Day of Mild	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AMUS (Address)	If so, specify
11/24 22 ny Maria	(Signed) . Co
20. FILED Q/ Z 4 , 19 3 1 V 1/200 Registrar.	(Address) Saston mide
If more blanks are needed, address State Personal	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CENTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	EIVE	1	Example II	
The principal cause of death and rela of importance were as follows:	ted causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	6 1333	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes of importa	nce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	V
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAUY			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
ADD	OITIONAL SPACE FOR FURTHI	ER STATEMENTS BY PI	IYSICIAN

CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N, B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	(3)
County Jackst	Registration Dist. No. 290
To Make	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAME Quip Q, Morris	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)	21. DATE OF DEATH (Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIBY. That I attended deceased fro
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from 1933 to June 32193
11/1/1-1-	liast saw her alive on the 21 1932; death is se
DATE OF BIRTH (month, dey, and year) AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 am.
7 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of Other
kind of work done, as SPINNER Consumplisher. SAWYER, BOOKKEEPER, etc.	(1) A > M
9. Industry or business In which work was done, as SILK MILL,	Comme Musikas
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and.	
10. Date deceesed last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation.	1 ry milis
	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Mary and	
13. NAME /Tobart P. Morris	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME VILLE Elizabet Miller	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Russ Eligated Miller 16. BIRTHPLACE (city or town) (State or country)	Accident, suicido, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
7. INFORMANT M. D. Bowdle (Address) Fastory and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL: CREMATION, DR REMOVAL	Manner of injury
Place Laston 110d Date 5/2 3 , 1933	Nature of injury
9. UNDERTAKER James A. Sense	24. Was disease or injury in any way related to occupation of deceased?
(Address) Easton And	If so, specify
10 FILED 6/23 , 1933 /1- N- Ylecrus	(Signed) M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY I UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important. N. B.—WRITE PLAINLY, W.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	100		
1. PLACE OF DEATH	<u> </u>	420		
County Talbol	Registration Dist. No. 2	93.		
Village or City Bear Londova	NoSt.,	Ward		
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?			
2. FULL NAME Soles aboth Newman				
	St., Ward,			
(a) Residence: No. m. the County (Utual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) We down	21. DATE OF DEATH	193 3 (Yeer)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Folia T Mewnant	22. May 31 La 3 to Smy S			
6. DATE OF BIRTH (month, dey, and yeer) Unknown	I last saw h 2 alive on proc 5, 1983;	death Is said		
7. AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8 Trade profession or particular	Caramon & Brush	Begur		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and company) spant in this		Rhout		
10. Date deceased last worked et this occupation (month and year) 1432 Allow 20 ccupation	g D	ment		
12. BIRTHPLACE (city or town) (State or country) Talbot 60	Other Coutributory Causes of Importance: BA haushan	Jo		
14. BIRTHPLACE (city or town)	Name of operation			
(State of country) James C.	What test confirmed diagnosis? Wes there an au			
15. MAIDEN NAME Mancy Flames 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
17, INFORMANT ESTELLE Mesoniero (Address) Sondova Md.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.		
18. BURIAL, CREMATION, OR REMOVAL Place Old Chapel Dete June 7 , 1933	Manner of injury			
19. UNDERTAKER James a Spance (Addiess) Caston Ma	24. Was disease or injury in any way related to occupation of deceased? If so, specify			
20, FILED /6 - 1933. J. L. Gardner Registrar.	(Signed) Ordon	M. D.		

Statement of occupation.—Precise statement of occupation of various pursuits can be known. Make some entry in this section of every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and rel of importance were as follows:	ated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosix	2001	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	ULLICAT	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	REATIV	July 5, 1927	Peritonitis	3 days ogo
Other contributory causes of import	ance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				<u> </u>

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BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:				
Arterioselerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
.10 0 1860						
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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7. AGE

OCCUPATION

FATHER

MOTHER

important.

TION is very

CAUSE OF DEATH

-WRITE

6. DATE OF BIRTH (month, dey, and year)

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.....

this occupation (month and

work was done, as SILK MILL, SAW MILL, BANK, etc ... Deta deceasad lest worked at

Industry or business in which

yeer)

12. BIRTHPLACE (city or town) (Stere or country)

15. MAIDEN NAME

14. BIRTHPLACE (city of town (Stata or country)

16. BIRTHPLACE (city or town (Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

13. NAME

17. INFORMANT

19 UNDERTAKER (Address)

20. FILED.

(Address)

state

If LESS tha

or .- min.

11. Total time (yaers) spent in this

occupation __

Months

death occurred in a hospital or institution, give its NAM	E instead of street and number)
1 Z_ds. How long in U.S. if of foreign birth?	yrsmosd:
kneed	
out	
St., Ward.	t give city or town and State
MEDICAL CERTIFICATE	
21. DATE OF DEATH	
June	20 193 3 3
(Month)	(Day) (Yeer)
22. I HEREBY CERTIF	Y. That I attended deceased from
, 19, to	
I lest saw halive on	, 19: death is sai
to have occurred on the data steted above, at	P.m.
The PRINCIPAL CAUSE OF DEATH end related caus	
wera es follows: renkense	Data of onsa
Thypiciam never sour baly	4
	5-3-R.
Hereditary supplishes.	
y V	*****
Other Coutributary Causes of importance:	
Its grandfather Rad Ayf	Pilis ; ita
-mother had syphilise.	
() ()	
Neme of operation	Data of
What test confirmed diagnosis?	Was there an autopsy?
23. If deeth was dua to externel ceuses (VIOLENCE) fi	
Accident, suicide, or homicide?	
Whera did Injury occur?	
(Specify city or	r town, county and State)
Specify whether injury occurred in INDUSTRY, in HO	OME, OF IN PUBLIC PLACE.
Manner of injury	
Manner of injury	

Registration Dist. No.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1, 1923 Gastroenteritis 1 wear

V. S. No. 1 B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1184 3
1. PLACE OF DEATH	(31)
County Talbot	Registration Dist. No. 29/
Village or City Bozman (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Lola Davis Rond	
(a) Residence: No. Mar Borman	Misch Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White OR DIYORCED (write the word) Widowed	(Month) (Day) (Year)
e. If married, widowed, or divorced (or) wife of Alonzo Rond - deceased	22. I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) No v. 19, 1862	(Plast saw h exalive on Justile 5, 1933; death is said
AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, et 2 A m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. House wife	Mrone Rephriter ?
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
1D. Dete deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 45	
2. BIRTHPLACE (city or town) Soffelk	Dther Contributory Causes of Importence:
(State or country) Virginia	Lardiae insufficience
13. NAME John Winborne	/3//
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis / Was there an eutopsy? / Was there an eutopsy?
15. MAIDEN NAME Mathida Howell	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) North Carolina	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT Willard P. Scott	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1302 mg n Md. 18. BURIAL, CREMATION, OR REMOVAL	
Place Doman M4. Dato June 7, 1933	Manner of Injury
19. UNDERTAKER Hewman & Harrison (Address)	24. Was disease or injury in eny way related to occupation of deceased? Ro
20, FILED June 6, 1933 Johns Howwales	(Signed) M. D.
Iracal Registrar.	(Address) A Meenallo, Illa.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis,	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 hear
			-

ADDITIONAL SPACE FOR F	FURTHER ST	CATEMENTS I	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

(M)	stall getter Is seems St., Ward
n where death occurredvrsmos	death occurred in a horpital or praitiution, give its NAME instead of street and number)
0 - 0 -	3. ds. yow long in U.S. if of foreign birth?
eller stunger	vod
elevue net	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	June 25, 193 3
1	(Month) (Dey) (Yeer)
burany	22. I HEREBY CERTIFY, Thet I ettended deceesed from
	June 22 1983, 10 June 2 4- 19 33
ar) eulknour	lest saw h_um_alive on_ funcs 125 , 19.73; death is said
onths Deys If LESS than	to heve occurred on the dete stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
ormin.	were es follows:
NER, haborex	armary Eltragacation
	acceptance of the second
L,	C Sloughing Hereulum ? 6 70 33
11. Total time (years)	6 10 3 3
spent in this occupetion	
	Other Contributory Causes of importence:
therivery	
	Ruftered brilling
ulenowy	tour
ρ	Neme of operation essection of Twee person Date of 6 73 3
whenowy	What test confirmed diagnosis? Cleaned was there en au'opsy? Ly
	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? (e elect Date of injury 6 10 19 33
inferen	Where did injury occur? hear Offord Well
ener Raspital	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
The state of the s	Lee hours
a production	Manner of injury Kicked in Perincura
Dete 6/28, 1935	
011	Nature of injury Reeflured Wellinge
Expure.	24. Was diseese or injury in eny way releted to occupetion of deceased?
long ma,	If so, specify
M. Melrus	(Signed) Treblue M. D.
Registrar.	(Address) Easton hil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
BURRAU V.S.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

ARGIN

S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	,	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state item or infor-Exact statement of OCCUPA-CORD. Every mation should be carefully supplied. AGE should be stated EXACTLY H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WE Ξ,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

. PLACE OF DEATH	Registration Dist. No. 293
County Office County	
	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos	sds How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Wort to wooddel	26
(a) Residence: No. (Usual place of abode)	St., Ward, If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH Month) (Oay) (Year)
If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) aug 29-1802	I last saw h Lingalive on Anne 84 , 19 8 3; death Is sai
AGE Years Months Days If LESS than	to have occurred on the date mated ebove, at
80 9 29 1'day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
S Trede, profession, or perticular kind of work done, as SPYNNER, SAWYER, BOOKKEEPER, etc.	a neglegted leg where which had
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	maggett in it. cugo.
O Date deceased last worked at this occupation (month and 923 spent in this occupation)	
BIRTHPLACE (city or town)	Other Contributor Canasa of importance: Debilety
(State or country)	for sex months
14. BIRTHPLACE (city or town)	Olfgage and neglect.
14. BIRTHPLACE (city or town)	Name of operation
(State of county)	What test confirmed diagnosis? Was there an au'opsy? 4
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT Selected And And Contains and	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL Place Lister Tool Oate 6/29 , 193	Manner of Injury
9. UNOERTAKER grue a Specie	24. Wes disease or injury In any way related to occupation of deceased?
0. FILED 6/28 - 19.33, 21 L' Gardner	(Signed) Dally Hackett

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11.—The number of years the deceased followed the occupation.

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Example I	V	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Dry 6 1933			
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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Salks	of the same				Registra	tion Dist. No. 295	
Village or City Lul	7 1	zey" mea	or Traff	Le No.		st.,	Ward
Length of residence in c	ity or town where	death occurred	1_yrs+_mos	Color.		AME instead of street and no	
2. FULL NAME	JEorg	u H	ulse	Hilles			
(a) Residence: No	"lelora	(Usual place	of abode)	St.,W	ard.	ident give city or town and 5	State
PERSONAL AN	ID STATIST	The second second second second		ME	DICAL CERTIFICA	ATE OF DEATH	
Female H	R OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF	DEATH (Month)	e 9 1 (Day)	193. 3 (Year)
Sa. If married, widowed, or dive HUSBAND of	orced	7		22. A 1 H 1	EREBY CERT	IFY. That I attended d	leceased fro
(or) WIFE of				may 28	, 7 19 83 to	June 9ª	19.3
6. DATE OF BIRTH (month, da		1. 1 18	62	I last saw II	alive on May 3	1931	; death is sa
7. AGE // Years	Months	Days	If LESS than 1 day,hrs.	The PRINCIPAL CA	the date stated above, at	causes of Importance	
8. Trade, profession, or p	articular	1 0	ormin.	were as follows:	414		Date of one
kind of work done SWYER, BOOKKEI 9. Industry or business in work was done, as SAW MILL, BANK, 10. Date deceased last wo		Dulsen	te .	Clei	teveletation	1 Heart Ju	meg-
9. Industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL, etc	Ture li	one)	
10. Date deceased last wo	rked at	11. Total ti	ime (years)				
year)		Occi	pation	Other Cuntributory	Canses of importance:		
12. BIRTHPLACE (city or town) (State or country)	110 Pala	rappe	+ MA	/_			
1 / 1	Plas VI	illis		my	locardeles.	They	78-3
13. NAME LCLU	own) Ox 2	pro.	Λ	Neme of operation		Date of	
(State of country)	galle	b Co. M	d.	What test confirmed	diagnosis?	Was there en et	u†opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or t	us ou	1. 13m	dle	23. If death wes due t	o external causes (VIOLEN	CE) fill In atso the following:	:
16. BIRTHPLACE (city or t	own) Nega	I CHANA	ud	Accident, suicide, or Where did Injury oc		Date of injury	, 19
17. INFORMANT Pac	una II	R. Will	lles		(Specify c	ity or town, county and State In HOME, or in PUBLIC PLA	e) ACE.
(Address)	Trapp	ma.	•	_			*********
Piace Cora	Doney	Date Hull	W 11 , 19 9	Manner of injury			
19. UNDERTAKER FOL	A S	huice				occupation of deceesed? 2	L Q
(Address)	Early	Ma)	If so, specify	7-0-1	Q	
20. FILED tue 9.	19.33	rest ala	Registrar.	(Signed)	/	Just & D	
		11	The state of the s				

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
SIDDITIONSID	DI ALVIA	T. OIL	I. O RET III THE	DIAZINITAN ID	17 1	THESTOIA	44

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06409
1. PLACE OF DEATH	3
county 10/00/C V	Registration, Dist. No. 290
Village or City (all plants) ING.	6 M. er crucu tospilal st., Ward
	death occurred in horpital or institution, give its NAME instead of street and number) ds. Hely long in U/S. if of foreign birth?yrsmosds.
Length of residence in city optown, where death occurredyrsmos.	1) h.
2. FULL NAME TO THE	(H MO)
(a) Residence: No.	St., Ward. If nonresident give city or town and State.
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
OR DIVORCED (partie the word)	Jule 3 1930
So If married widowed or diversed	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(= 1020	Jule 5, 1922, to Jule 5, 1953
6. DATE OF BIRTH (month, day, and year)	I lest saw h elive on 19.22; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	sulfact of
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL,	
10. Date deceased last worked et 11. Total time (years)	
year) spantin this occupation (month end spantin this occupation	oh C 13 t C madana
13 BIBTHELACE (city of town) To a AMA Md	Other Contributory Causes of importance:
(State or country)	
E 13. NAME MILLIAM I MICHAEL	A - 1
E 14 BIRTHPLACE (city or town)	Name of operation delining Testelos Date of 0/3/3
(State or country)	What test confirmed diagnosis? Clearent Was there an autopsy?
# 15. MAIDEN NAME + OSSIP MIAM	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT MADE TUSSIE MIGHT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
) -414 -0014 A14 Non by lat 6/3 -32	Manner of injury
Traction of the state of the st	Nature of injury
19. UNDERTAKER & Meager en Harfilal	24. Wes disease or injury in any wey releted to occupation of deceased?
	If so, specify
20. FILED 6/3 , 1933 M. TY . // LINE	(Signed) Solution M. D. (Address)
ATTENDED TO THE PARTY OF THE PA	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	1. PLACE OF DEATH County Village or City Length of residence in city of town, where death occurred (If Length of residence in city of town, where death occurred (If Length of residence in city of town, where death occurred (If Length of residence in city of town, where death occurred (If Length of residence in city of town, where death occurred (If Length of residence in city of town, where death occurred (If Length of residence in city of town of the county of the city of the city of the city of town) (If Length of residence in city of town) (If Length of residen

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E PROF	73/				
Other contributory causes of importance:	1000	Other contributory causes of importance:			
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ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	OL MOD	LOW	L OKTHER	STATISMISTATIS	T) T	I II I DI UITIN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. H UNFADING INK-THIS IS A PERMANENT SCORD. Every item of infor-MARGIN RESERVED FOR BINDING NLY, N. B.—WRITE PL

1. PLACE OF DEATH	NE NE	100
County Fallot	Registration Dist. No. 344	
Village or City Land		w
	death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence In city or town whate daath occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmo	s
2. FULL NAME (Malles Jonn	· eq	
(a) Residence: No.	Mard.	
(Usual place of prode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLDR DR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH	193 3
Twee Swall	(Month) (Day)	(Year
a. If marriad, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended of	hannand
(or) WIFE of	9 -4 1 10 23 to Garde 23	3 10
DATE OF BIRTH (month, day, and year) Fel, 30-1933	Plast caw h are alive on The 23 10 33	; death i
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.	, ucatii i
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	wera as follows:	Date of
skind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	B So III	6/14
1. Industry or businass in which	de weight	
work was done, es SILK MILL, SAW MILL, BANK, etc	/	
kithd of work done, es SPINNER, SAWYER, BODKKEPER, etc. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decased last workad at this occupation (month and spent in this		
year) occupation		
2. BIRTHPLACE (city or town) I rappe 2011	Dthar Contributory Causes of importance:	-
(State or country)		
13. NAME Louis 4 Grange 14. BIRTHPLACE (city or town) April of Jeo		
The second of th	Name of according	
14. BIRTHPLACE (city or town) Affect of (Stata or country)	Name of oparation Date of	
15. MAIDEN NAME CHARLES AND	What test confirmed diagnosis? Was there an a	
The state of the s	23. If deeth was due to external causes (VIOL ENCE) fill in also the following	
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(State of County)	Where did injury occur? (Specify city or town, county and State	e)
INFORMANT WILL MYON	Spacify whethar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
(Address)		
	Manner of Injury	
Placa Meas trapple. Data June	Nature of injury	
UNDERTAKER Marie & Glerman Dru	24. Was disease or injury in any way related to occupation of decaased?	74
(Addrass) basto	If so, spacify	1.1.
O FILED June 24/1933 Joseph alcom	(Signed) Kforgager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P
Registrar.	(Addrass) Carolog R	DY

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

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MUNITIONAL	DI WOL	LOW	LOWITHE	STATISHISHIS	DI	THISICIAN